

1 CITIZEN OF THE UNITED STATES? (MARK ONE) YES NO	Official Use Only Reg Type ____ Wd/Dist ____ Pct ____ In ____ Out ____ Comp Reg #

2. NAME OF APPLICANT (PLEASE PRINT) LAST FIRST MIDDLE OR MAIDEN (FULL)	GIVE LOCATION
3. RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY) (House or Apt No and Street if Rural, Route & Box No.) City or Town State Zip	
Mailing Address if different	

4. AGE	5. DATE OF BIRTH			6. *SOCIAL SECURITY NO.	7. SEX (Mark One)	8. ** RACE / ETHNIC ORIGIN (Mark One)
	MONTH	DAY	YEAR		MALE FEMALE	WHITE BLACK ASIAN HISPANIC AMER. INDIAN OTHER _____

9. PARTY AFFILIATION (Mark One)	10. APPLICANT'S PLACE OF BIRTH	11. ** DAYTIME PHONE
DEM REP NONE OTHER (Specify) _____	CITY OR TOWN PARISH OR COUNTY STATE COUNTRY	()

12 ** HOME PHONE	13. FORMER RESIDENCE AND REGISTRATION ADDRESS	14. MOTHER'S MAIDEN NAME
()	ADDRESS PARISH OR COUNTY STATE	

15. LA DRIVERS'S LIC #	16. FORMER REGISTERED NAME, IF APPLICABLE	17. Assistance needed at polls? (Mark one) YES NO Give reason:

18. If you are unable to sign your name, two witnesses to your mark must sign here:	
Signature	Signature

AFFIRMATION: I do hereby solemnly swear or affirm that I am a bona fide resident of this state and parish, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of interdiction for mental incompetence, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$1,000 (\$2,500 for subsequent offense) or imprisonment for not more than 1 year (5 years for subsequent offense) or both. Any false statement may constitute perjury.

19. SIGN YOUR NAME IN BOX AT RIGHT Date: ____/____/____

* Last 4 #s required if no license issued; full # OPTIONAL
 ** **Optional**

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